

# **GOVERNOR'S OFFICE of CRIME CONTROL & PREVENTION**

## **Child Advocacy Center Services (CACS) Grant Notice of Funding Available (NOFA) Guidance Kit**



**Online Submission Deadline: September 18, 2012, 3:00 pm**  
**Hardcopy Submission Deadline: September 20, 2012, 3:00 pm**

**Funded through:  
State of Maryland Grant Funds**

Governor's Office of Crime Control & Prevention  
300 East Joppa Road, Suite 1105  
Baltimore, MD 21286

Martin O'Malley, Governor  
Anthony G. Brown, Lt. Governor  
Edward Parker, GOCCP Interim Executive Director

### **ELIGIBILITY**

GOCCP is making up to \$12,500 in grant funding available to each existing Child Advocacy Center (20) in Maryland. Child Advocacy Centers (CACs) are child-friendly facilities where child victims of abuse, neglect, and/or maltreatment may be interviewed, undergo medical examinations, and receive necessary services. Specifically, CACs are multi-disciplinary programs that offer nurturing environments in which child victims can describe traumatic events in the presence of professionals to protect children, collect reliable and admissible evidence, and prosecute offenders. Funding under this grant is limited to existing CACs.

### **IMPORTANT NOTES**

Applicants are required to apply for grant funding through the GOCCP online application process located on the GOCCP website [www.goccp.maryland.gov](http://www.goccp.maryland.gov).

## GETTING STARTED

Thank you for applying for the State of Maryland **Child Advocacy Center Assistance Grant from the Governor's Office of Crime Control & Prevention (GOCCP)**. Funding is being made available to existing CACs. CACs stress coordination of investigative and intervention services by bringing together professionals and agencies as a multi-disciplinary team to create a child-focused approach to child abuse cases. This multi-disciplinary team is typically comprised of law enforcement, prosecution, social services, mental health, medical, and victim advocacy personnel who work collaboratively to support child victims. The main goal of all CACs is to ensure that children are not traumatized by the very system designed to protect them.

I hope our office becomes a more valuable resource for your organization as we strive to deliver our services in a customer friendly fashion. If you need assistance completing the online application please contact Anne Marie Litecky at 410-821-2840 or [alitecky@goccp.state.md.us](mailto:alitecky@goccp.state.md.us).

GOCCP's success is measured by our sub-recipient's success. It is critical that we hear from you, our customers. To share your ideas of how GOCCP can serve you better, email us at [info@goccp.state.md.us](mailto:info@goccp.state.md.us).

Sincerely,



Edward Parker  
Interim Executive Director  
Governor's Office of Crime Control & Prevention

**Governor's Office of Crime Control & Prevention Mission:**

GOCCP exists to educate, connect, and empower Maryland citizens and public safety entities through innovative funding and results-oriented customer service that seeks, supports and promotes best practices for the safety of Maryland's communities.

## **I. BACKGROUND**

On May 4, 2010 Governor Martin O'Malley signed into law a bill to support Child Advocacy Centers (CAC) and their work. The law states that money shall be provided in the annual State budget and shall be used to supplement, but not supplant, money that the programs receive from other sources. The law supports law enforcement, child protective services, social workers, and all who work to protect Maryland's vulnerable child victims of crime and abuse. (Md. Annotated Code, Criminal Procedure Art. §11-923(g) (4)) By signing the Child Advocacy Center bill, Governor O'Malley made a substantial commitment to ensure that Maryland's children are safe and protected.

For the third year, the Governor's Office of Crime Control & Prevention (GOCCP) is pleased to make funding available under the Child Advocacy Center Assistance grant program by offering support to existing Child Advocacy Centers. In these challenging times, there is nothing more important in our State than protecting Maryland's most vulnerable citizens - our children. The partnerships formed in the Child Advocacy Centers combine compassion for victims with a commitment to law enforcement, a vital participant and first responder in our overall effort to protect our children.

## **II. PURPOSE**

The purpose of funds provided through Child Advocacy Center Assistance Grants is to support a broad range of functions to include:

- Counseling and psychological services for children who have been physically, sexually, and/or emotionally abused
- Services to help child victims overcome trauma
- Counseling and support for families of children who have been victimized and abused
- Forensic/medical evaluations
- Specialized equipment
- Training
- Overtime for Law Enforcement, Prosecutors and Child Protective Service Workers

## **III. ELIGIBILITY / FUNDING PARAMETERS**

Eligibility is limited to existing CACs that are invited by GOCCP to apply for funding. Each existing CAC will be eligible for up to \$12,500 in funding.

Program funds are provided on a reimbursement basis only.

## **IV. FUNDING PERIOD / SUSTAINABILITY**

Applicants applying for these funds must be existing CACs specifically invited to apply for funding by GOCCP. Program funds are provided on a reimbursement basis only. The project funding cycle will be for twelve (12) months, with grants beginning on October 1, 2012 and ending on September 30, 2013. The project budget should be predicated on one (1) year of spending. Cash match, also referred to as hard match, and in-kind match, are NOT required for this grant program.

## **V. SUPPLANTING, TRANSPARENCY, AND ACCOUNTABILITY**

These funds must be used to supplement existing federal, state and local funds for program activities and must not replace those funds that have been appropriated for the same purpose.

Misuse of grant funds may result in a range of penalties to include suspension of current and future funds and civil/criminal penalties.

## **VI. WHAT AN APPLICATION MUST INCLUDE**

## PROJECT TITLE

Title should be brief and precise (i.e., Advocacy Support Services).

## PROJECT SUMMARY

The Project Summary provides a concise summary of your proposal in 100 words or less. GOCCP would like to make writing the project summary as simple and consistent as possible. Use the following template for your project summary:

The \_\_Your Agency's\_\_<sup>1</sup> \_\_Project Title\_\_<sup>2</sup> program helps reduce existing gaps in services and fosters collaboration and cooperation among partner agencies and stakeholders throughout Maryland. The program provides \_\_\_\_\_.<sup>3</sup> Grant funds provide salary, overtime, related equipment, \_\_\_\_\_, and \_\_\_\_\_.<sup>4</sup>

**You will need to make the following additions/changes to the provided template:**

1. The beginning of the first sentence contains your Applicant Agency Name and
2. Your Grant's Project Title.
3. In 1-2 sentences, explain what the program does (use present, not future tense).
4. The last sentence contains the major items in the budget.

## PROGRAM NARRATIVE

In a eight-section, outline-styled format (retaining numbering and headers below) provide the following information:

1. **Problem Statement:** Describe the Scope of the problem and provide any available data and problem analysis that describes the nature and scope of the problem that the grant program will address.
2. **Planning Process, Strategy and Timeline:** This section details any preparation planning that was undertaken when developing the strategy and timeline. Further, it should provide a charted overview of the finalized proposed project and a timeline for implementation. Include linkages to other programs, organizations, and stakeholders that will be involved in or impacted by the grant program.
3. **Goals, Objectives and Performance Measures:** This section must outline specific goals, objectives, and performance measures for the program to be funded. This may be provided as a chart in an attachment to the application. In such instances, indicate "See attached chart."
4. **Best/Proven Practices:** This section provides any pertinent information (i.e., similar programs, studies, evaluations) that will support the rationale for why the proposed project has the probability of achieving its stated goals and objectives. Specifically, list any best and/or proven practices that the project will employ.
5. **Budget Work Plan:** Detail the timeline for the implementation of each budget line item (i.e., overtime will be expended evenly in each quarter; computer will be procured during the 2<sup>nd</sup> quarter). Following the Work Plan explanation for the line items, state "See Budget Summary."
6. **Local Strategy:** This section describes how the program fits under any established local strategy/priority.

7. **Additional Funding:** This section must identify all other grant funds and/or private contributions that support the program being funded.
8. **Sustainability:** This section must show sustainability. Please refer to Section IV for detailed information on sustainability.

## **LETTERS OF SUPPORT AND/OR COMMITMENT (OPTIONAL)**

Since CACs are, by definition, multi-disciplinary teams, please provide letters of participation from all partners. Letters of participation should accompany your original, hard copy application.

## **BUDGET**

Budgets must be clear and specific. No cash or in-kind match is required. Budgets must reflect one year of spending. The grant cycle will reflect twelve (12) months, October 1, 2012 to September 30, 2013. The justification sections must contain brief statements (1 to 2 sentences per line item) that explain each line item and their relevance to the project goals and objectives. **Do not state "See Narrative, Goals, or Objectives"**. GOCCP reserves the right to reduce budgets.

## **SIGNATURE PAGES**

The Certified Assurances and Federal Anti-Lobbying Certification must be signed by the appropriate agency representative and included with the application hardcopies. **Both forms may only be signed by the Applicant Agency's Authorized Official or their duly assigned alternate signatory.**

In order for an alternate signatory to be valid, GOCCP must receive a signed, written notification from the applicant agency's Authorized Official (on agency letterhead) stating that an alternate signatory has been designated.

## **VII. ROLE OF GOCCP STAFF / EVALUATION CRITERIA**

GOCCP staff may assist with the evaluation of each application. Following the awards, GOCCP Regional Monitors will be responsible for providing technical assistance to the grant award recipients and assistance with program reporting. The Regional Monitors will conduct active program monitoring and site visits to view the implementation of funded programs and to document compliance with all applicable funding regulations.

## **VIII. TECHNICAL ASSISTANCE**

Technical assistance for installing the online application software is available from GOCCP's Information Technology Department at 410-821-2828.

## **IX. APPLICATION PROCESS**

Applicants are required to apply for grant funding through the GOCCP online application process, which is located on the GOCCP website: [www.goccp.maryland.gov/grants/apply.php](http://www.goccp.maryland.gov/grants/apply.php). From there, you will be connected to a page from which you will be able to access instructions regarding the GOCCP grant application process. You will be required to download and install the grant application software in order to complete this process.

The grant application software contains a built in help file. Additionally, there are detailed instructions for installing and using the online application software available on GOCCP's website. If you require technical assistance with downloading, installing, or running the online application software you may contact the GOCCP IT Department at 410-821-2828.

**In order to use the GOCCP application software, you must have an Organization Number.**

- If you are able to apply directly for funding, use your GOCCP Organization Number.
- Otherwise, if you are required to pass grant applications through your Executive Office, Mayor's Office, or Board of Commissioners, etc., then you will apply using their GOCCP Organization Number.

If you do not know what your organization number is, you may request it by sending an email to [changes@goccp.state.md.us](mailto:changes@goccp.state.md.us). The last day to apply for an organization number is August 28, 2012.

Please indicate that you are applying for the Child Advocacy Center Services (CACS) Grant program by selecting the **Child Advocacy Centers radio button**. **In addition to the online submission, you must submit one (1) hard copy original** (generated by the online software application and bearing original signatures in blue ink for the certifications and anti-lobbying documents) **and two (2) additional copies of the application**. If you need assistance completing the online application please contact Anne Marie Litecky at 410-821-2840 or [alitecky@goccp.state.md.us](mailto:alitecky@goccp.state.md.us).

**The online application must be completed by 3:00 PM on Tuesday, September 18, 2012.**  
**Hard copy applications must be received by 3:00 PM on Thursday, September 20, 2012.**

**X. DISTRIBUTION OF FUNDS & REPORTING REQUIREMENTS**

GOCCP will distribute funds to recipients on quarterly reimbursement of expenditures basis in conjunction with the timely submission of corresponding quarterly Fiscal and Programmatic Reports. Reports must be submitted via both signed hardcopy and the GOCCP online reporting software. All programmatic reports are due within 15 days of the end of each quarter; financial reports are due within 30 days of the end of each quarter. Instructions for downloading, installing, and using the online reporting software are located at <http://www.goccp.maryland.gov/grants/submit-reports.php>.

**Electronic Funds Transfer (EFT)** – GOCCP encourages the use of electronic funds transfer (EFT). To obtain the appropriate form, the address to submit the form, and a general overview, including FAQs, refer to the following website:

[http://compnet.comp.state.md.us/General\\_Accounting\\_Division/Vendors/Electronic\\_Funds\\_Transfer/](http://compnet.comp.state.md.us/General_Accounting_Division/Vendors/Electronic_Funds_Transfer/)

## **XI. APPLICATION WORKSHEET**

This document can be downloaded from our web-site: [www.goccp.maryland.gov](http://www.goccp.maryland.gov)

Martin O'Malley, Governor  
Anthony G. Brown, Lt. Governor  
Edward Parker, Interim Director Governor's Office of Crime Control & Prevention

### **Notice to All Applicants:**

The information collected on the grant application form is collected for the purposes of the Governor's Office of Crime Control & Prevention's (GOCCP) function under Executive Order 01.01.2005.36. Failure to provide all of this information may result in the denial of your application for funding. GOCCP is a government entity; upon submission, this application is considered public information. GOCCP does not sell collected grant information. Under the Maryland Public Information Act (PIA) (MD State Government Code Ann. 10-617 (h)(5)), you may request in writing to review grant award documentation. Please send those requests to GOCCP, 300 E. Joppa Rd., Suite 1105, Baltimore, MD 21286-3016

### **Grant Application**

#### **CHECKLIST**

- General Instructions
- Face Sheet
- Project Summary/Narrative
- Project Budget
- Audit Requirements
- Civil Rights Requirements
- Certified Assurances
- Certification Lobbying - Drug Free Workplace

Applicant is required to submit an electronic copy through the GOCCP online application software, an original hardcopy (generated by the online software), and three (3) copies to the address on the front of this packet. Fax/Email Submissions will not be accepted.

## **A. Face Sheet Instructions**

1. **DATE APPLICATION SUBMITTED**  
Date that all required hard copies and electronic submission are submitted to GOCCP.
2. **REQUESTED FUNDING PERIOD**  
**Select Only Year.**
3. **PROPOSED PROJECT DATES**  
October 1, 2012 – September 30, 2013
4. **NAME OF APPLICANT**  
The unit of local government (county, city, town, township) or State agency eligible to apply for the grant (See Program Specific Instructions for Eligible Applicants). Please indicate Applicant's federal identification number on line provided. The applicant's organization ID # is required to apply on line.
5. **ORGANIZATION TYPE**  
Indicate the appropriate designation.
6. **FEDERAL ID#**  
This number **MUST** be included.
7. **AUTHORIZED OFFICIAL**  
The name of the chief elected official, or other legally authorized official, of the jurisdiction, county agency or organization who accepts the grant award if approved.
8. **PROJECT TITLE**  
The project title should be brief, precise, and reflect what is being funded.
9. **IMPLEMENTING AGENCY/ORGANIZATION**  
The name of the agency/organization that will have responsibility for the actual operation of the project.
10. **DISTRICT AND COUNTY**  
The congressional and legislative districts and the county in which the service is actually delivered.
11. **PROJECT DIRECTOR**  
The name, telephone number, title, address and e-mail address of the person who will be responsible for oversight and administration of the project on behalf of the applicant.
12. **FISCAL OFFICER**  
The name, telephone number, title, address and e-mail address of the person who will be responsible for financial reporting and record keeping for the project.
13. **FUNDING SUMMARY**  
This represents the totals taken from the Budget Detail Categories. There is no match requirement for this program.
14. **SERVICE SITE**  
Provide the name, address, congressional/legislative district, and county for the location(s) the funds are utilized. If more than one location is being served, please enter complete information for each site (up to five). If the application is for programs, strategies or initiatives that have statewide or countywide impact, please enter "statewide," or "countywide" under the service site column. Each service site must have a county and municipality.



**B. Face Sheet:**

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**Application for Child Advocacy Center Services (CACS) Grant Program**

1. **Date Application Submitted:** \_\_\_\_\_
2. **Requested Funding Period: Only year** ☐ of funding.
3. **Proposed Project Dates:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
4. **Name of Applicant:** \_\_\_\_\_  
Address: \_\_\_\_\_
5. **Organization Type:** State Government \_\_\_\_ Local Government \_\_\_\_ Private Not-Profit \_\_\_\_
6. **\*Federal ID # (EIN#)** \_\_\_\_\_
7. **Authorized Official:** \_\_\_\_\_ Title: \_\_\_\_\_
8. **Project Title:** \_\_\_\_\_
9. **Implementing Agency/Organization:** \_\_\_\_\_
10. **District/County:** Congressional District \_\_\_\_\_ State Legislative District \_\_\_\_\_  
County: \_\_\_\_\_ Municipality: \_\_\_\_\_
11. **Project Director:** \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
County: \_\_\_\_\_ Municipality: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_
12. **Fiscal Officer:** \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
County: \_\_\_\_\_ Municipality: \_\_\_\_\_
13. **Funding Summary:**  
Federal Funds Requested \$ \_\_\_\_\_  
Grant Program Total \$ \_\_\_\_\_

#### 14. Service Site:

Provide the name, address, congressional/legislative district, and county for the location(s) the funds are utilized. If more than one location is being served, please enter complete information for each site (up to five). If the application is for programs, strategies or initiatives that have statewide or countywide impact, please enter "statewide," or "countywide" under the service site column.

Example:

##### Location One

Congressional District: **1<sup>st</sup>**  
Legislative District: **8A**  
Location: **Anytown Police Department**  
Address: **123 Main Street**  
**Some City, MD 21000**  
  
County:  
Municipality:

##### Location Two

Congressional District: **2<sup>nd</sup>**  
Legislative District: **5A**  
Location: **Anytown Sheriff's Office**  
Address: **795 Main Street**  
**Some Other City, MD 21030**  
  
County:  
Municipality:

### C. Project Summary/Narrative

#### 1. Summary

The Project Summary provides a concise summary of your proposal in 100 words or less. The format for the project summary is explained on page 4 of this NOFA.

#### 2. Narrative

In an eight-section, outline-styled format (retaining numbering and headers), provide the information requested in this NOFA. The contents for the narrative are explained on page 4 - 5 of this NOFA.

## D. Budget

The items listed below are considered to be unallowable (at GOCCP's discretion):

1. Indirect Cost
2. Postage
3. Printing
4. Rent
5. Vehicles
6. Food
7. Tasers
8. Office Supplies
9. Miscellaneous Items

### 1. Budget Summary

#### SUMMARY (Tab A)

Complete the table below by entering the totals from budget tabs B-G. Enter the totals from all expenditure categories in the application spaces. **There is no match requirement for this program.** Enter the totals from all expenditure categories in the application spaces. The grand total must correspond to the total projected costs. Round all amounts to the nearest whole dollar.

#### BUDGET SUMMARY

Expenditure Category	State Fund Request	State Cash Match	Local Cash Match	Private Funds	In-kind Match	TOTAL
B. Personnel						
C. Operating Expenses						
D. Travel						
E. Contractual Services						
F. Equipment						
G. Other						
GRAND TOTAL:						

## 2. Budget Details

This section of the grant application includes a table for each major budget expenditure. Each table is on a separate page. Please itemize and explain project expenditures.

### PERSONNEL (Tab B)

This includes salaries, social security and fringe benefits for personnel required to implement the project including full or part-time contractual staff (excluding consultants, which should be listed in Tab E). Time and attendance records must be maintained for all personnel included in the grant project. If you are paying an employee directly, they should be in the Personnel category. For each salary notated, list fringe benefits separately (e.g., Officer-Salary \$15000.00, Officer-Benefits \$3750.00). Note: Fringe benefits cannot exceed 30% of reported salary costs. Under justification, you should tie those items requested in the budget to the activities described in your narrative. When you are finished, the budget summary amount should equal the total for this tab.

### PERSONNEL (Tab B)

Description of Position	Funding Source	Annual Salary or Daily Rate	Percent of Time or Number of Days	TOTAL
Position #1	Grant Funds			
Fringe Position #1	Grant Funds			
Position #2	Grant Funds			
Fringe Position #2	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
Sub-Total:				
*Social Security and Fringe Benefits (%)				
GRAND TOTAL:				

\*Grant dollars will only fund up to 30% of Social Security and fringe benefits.

Justification/Explanation for PERSONNEL:

**OPERATING EXPENSES (Tab C)**

Office supplies, Rental Space, Printing and Communications. Communication expenses include items such as telephone, fax, postage and other expenditures such as photocopying. Under justification you should tie those items requested in the budget into the activities described in your narrative. When you are finished, the budget summary amount should equal the total for this tab.

**OPERATING EXPENSES (Tab C)**

<b>Operating Expense</b>	<b>Funding Source</b>	<b>Cost/Unit</b>	<b>Quantity</b>	<b>TOTAL</b>
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
GRAND TOTAL:				

Justification/Explanation for OPERATING EXPENSES:

**TRAVEL (Tab D)**

Travel expenses may include mileage and/or other transportation costs, meals and lodging consistent with the local jurisdiction's travel regulations and cannot exceed the State of Maryland reimbursement rate specified below. Under justification you should tie those items requested in the budget into the activities described in your narrative. When you are finished, the budget summary amount should equal the total for this tab.

**TRAVEL (Tab D)**

<b>Type of Travel Expense</b> (Indicate appropriate rate/rates)	<b>Funding Source</b>	<b>Cost/Travel</b>	<b>Quantity</b>	<b>TOTAL</b>
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
GRAND TOTAL: checking...				

\*55.5 cents/mile as of 7/1/2011.

\*Maximum Per Diem/M Meal Allowance is \$42/day:

\$8 Breakfast

\$10 Lunch

\$24 Dinner

Justification/Explanation for TRAVEL:

**CONTRACTUAL SERVICES (Tab E)**

Consultant contracts for training or evaluation should be included here and shall be consistent with federal guidelines. Construction projects are ineligible for funding under grant programs and expenses for construction may not be included. In short, if you are paying an outside agency for an employee, they are Contractual. For the line item description, enter the agency (Consulting firm, temporary agency, etc.), a dash and then the nature of the service to be provided (e.g., Consultants ABC – training for Seminar). Under justification, you should tie those items requested in the budget into the activities described in your narrative. When you are finished, the budget summary amount should equal the total for this tab.

**CONTRACTUAL SERVICES (Tab E)**

<b>Description of Contractual Services</b>	<b>Funding Source</b>	<b>Rate</b>	<b>QUANTITY</b>	<b>TOTAL</b>
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
GRAND TOTAL:				

Justification/Explanation for CONTRACTUAL:

**EQUIPMENT – Purchase, Lease, or Rental (Tab F)**

Equipment (Purchase, Lease or Rental) Costs may include taxes, delivery, installation and similarly related charges. The value of trade-ins and discounts should be shown as a deduction. In addition to maintaining internal inventory records for equipment acquired under this funding source, if awarded equipment funds, a completed Property Inventory Form must be submitted during the grant award period. Expenditures must be consistent with applicable local jurisdictions' procurement guidelines. If this does not apply, refer to the State of Maryland guidelines for equipment. Under justification, you should tie those items requested in the budget into the activities described in your narrative. When you are finished, the budget summary amount should equal the total for this tab.

**EQUIPMENT (Tab F)**

<b>Equipment Item</b>	<b>Funding Source</b>	<b>Cost/Unit</b>	<b>Quantity</b>	<b>TOTAL</b>
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
	Grant Funds			
GRAND TOTAL:				

Justification/Explanation for EQUIPMENT:



**OTHER (Tab G)**

Include all other anticipated expenditures which are not included in the previous categories such as indirect costs, if allowable, and audit expenses. Under justification you should tie those items requested in the budget into the activities described in your narrative. When you are finished, the budget summary amount the budget summary amount should equal the total for this tab.

**OTHER (Tab G)**

Type of Expense	Funding Source	Cost	TOTAL
	Grant Funds		
	Grant Funds		
	Grant Funds		
	Grant Funds		
	Grant Funds		
	Grant Funds		
	Grant Funds		
	Grant Funds		
GRAND TOTAL:			

Justification/Explanation for OTHER:

## E. Audit Findings / Corrective Action Plan

Applicants must submit copies of any Audit Findings and Corrective Action Plans with the application. **Do not send a copy of your audited financial statements;** ONLY the applicable audit findings and/or corrective action plan is required.

The audit data collected under the **IV. AUDIT REQ** tab is no longer needed. However, this section must still be filled out; use the following dates/responses:

## F. Civil Rights Requirements

1. Civil Rights contact person
2. Title/Address
3. Telephone number
4. Number of people employed by the organization unit responsible for implementation of this grant

## G. Signature Pages

The Certified Assurances and Federal Anti-Lobbying Certification must be signed by the appropriate agency representative and included with the application hardcopies. **Both forms may only be signed by the Applicant Agency's Authorized Official or their duly assigned alternate signatory.** Both forms must be generated by the online application software.

In order for an alternate signatory to be valid, GOCCP must receive a signed, written notification from the applicant agency's Authorized Official (on agency letterhead) stating that an alternate signatory has been designated.

## H. Certified Assurances

**This signed form must be generated by the Online Application Software**

### THE APPLICANT HEREBY ASSURES AND CERTIFIES THE FOLLOWING:

1. That Federal funds made available under this formula grant will not be used to supplant State or local funds, but will be used to increase the amounts of such funds that would, in the absence of Federal Funds, be made available for program activities.

2. That matching funds required to pay the non-Federal portion of the cost of each project, for which grant funds are made available, shall be in addition to funds that would otherwise be made available for program activities by the recipient of the grant funds and shall be provided as required in the Grant Award document.

3. That following the first year covered by a Grant Award and each year thereafter, a performance evaluation and assessment report will be submitted to the Governor's Office of Crime Control & Prevention.

4. That fund accounting, auditing, monitoring, evaluation procedures and such records as the Governor's Office of Crime Control & Prevention shall prescribe to and shall be provided to assure fiscal control, proper management and efficient disbursement of funds received.

5. That the Grantee shall maintain such data and information and submit such reports in such form, at such times, and containing such information as the Governor's Office of Crime Control & Prevention may reasonably require to administer the program.

6. Sub-recipients will comply (and will require any sub-grantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d); the Victims of Crime Act (42 U.S.C. § 10604(e)); the Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000(d)); the Rehabilitation Act of 1973 (29 U.S.C. § 704); the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34); the Education Amendments of 1972 (20 U.S.C. § 1681, 1683, 1685-86); the Age Discrimination Act of 1975 (42 U.S.C. § 6101-07); and the

Department of Justice (DOJ's) Equal Treatment Regulations (28 C.F.R. pt. 38).

7. That in the event a Federal or state court or administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against the Grantee, a copy of the finding will be forwarded to the Governor's Office of Crime Control & Prevention.

8. Sub-recipients that are governmental or for-profit entities, that have fifty or more employees and that receive a single award of \$500,000 or more under the Safe Streets Act or other Department of Justice (DOJ) program statutes are required to submit their Equal Employment Opportunity Plan (EEO) to the federal Office of Civil Rights (OCR). The sub-recipients are not required to submit a copy to the Governor's Office of Crime Control & Prevention (GOCCP), but must have a copy available on site for monitoring purposes. Those sub-recipients that are subject to the OCR's EEO Certification Form may access this form at: <http://www.ojp.usdoj.gov/about/ocr/eeop.htm>.

9. That the Grantee will comply with the provisions of the Governor's Office of Crime Control & Prevention's General and Special Conditions for Grants. General Conditions are posted on GOCCP's website (<http://www.goccp.maryland.gov/grants/general-conditions.php>).

10. That the Grantee will comply with the provisions of 28 CFR applicable to grants and cooperative agreement.

11. Sub-recipients are obligated to provide services to Limited English Proficient (LEP) individuals. Refer to the DOJ's Guidance Document. To access this document see U.S. Department of Justice, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (67 Federal Regulation 41455 (2002)). This regulation may be accessed at: <http://www.archives.gov/eo/laws/title-vi.html>

**CERTIFICATION: I certify that this program will comply with the provisions set forth by the State of Maryland and the Governor's Office of Crime Control & Prevention.**

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## I. Certification Regarding Lobbying

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U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER

### **CERTIFICATION REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-Procurement) and Government-wide Requirements for Drug-free Workplace (Grants)." The certification shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

#### 1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

#### 2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510 --

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for

commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph, (1) (b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminate for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

#### 3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 --

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after having received notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 312A, GSA Regional Office Building No. 3), Washington DC 20202-4571. Notice shall include the identification number(s) of each affected grant.

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code)

---

Check ☐ if there are workplaces on file that are not identified here.

Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check ☐ if the State has elected to complete OJP Form 4061/7.

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#### DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 --

As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

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As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

### **This signed form must be generated by the Online Application Software**

1. Grantee Name and Address:
2. Application Number and/or Project Name
3. Grantee IRS/Vendor Number
4. Typed Name and Title of Authorized Representative
5. Signature
6. Date

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The information collected on the grant application form is collected for the purposes of the Governor's Office of Crime Control & Prevention's (GOCCP) function under Executive Order 01.01.2005.36. Failure to provide all of this information may result in the denial of your application for funding. GOCCP is a government entity; upon submission, this application is considered public information. GOCCP does not sell collected grant information. Under the Maryland Public Information Act (PIA) (MD State Government Code Ann. 10-617 (h)(5)), you may request in writing to review grant award documentation. Please send those requests to GOCCP, 300 E. Joppa Rd., Suite 1105, Baltimore, MD 21286-3016